

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

10/070349

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2		/		/		
3		/		/		
4		3		/		
5		0		/		
6		0		/		
7		0		/		
8		0		/		
9		0		/		
10		0		/		
11	/			/		
12		/		/		
13		/		/		
14		3		/		
15		0		/		
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50						
TOTAL IND.	2		2			
TOTAL DEP.	18		8			
TOTAL CLAIMS	20		10			

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMMENDMENTS